

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT TACOMA

ROBERT JAY MAZZA, JR.,

Plaintiff,

v.

MICHAEL J. ASTRUE, Commissioner
of the Social Security Administration,

Defendant.

CASE NO. 12-cv-5287-RBL-JRC

REPORT AND
RECOMMENDATION ON
PLAINTIFF'S COMPLAINT

Noting Date: February 22, 2013

This matter has been referred to United States Magistrate Judge J. Richard Creatura pursuant to 28 U.S.C. § 636(b)(1) and Local Magistrate Judge Rule MJR 4(a)(4), and as authorized by *Mathews, Secretary of H.E.W. v. Weber*, 423 U.S. 261, 271-72 (1976). This matter has been fully briefed (*see* ECF Nos. 11, 12, 13).

Based on a review of the relevant record, the Court concludes that the ALJ erred when he found that plaintiff's impairments, or combination of impairments, did not cause more than a minimal effect on plaintiff's ability to function in a work environment. In

1 doing so, the ALJ failed to provide specific and legitimate reasons for his failure to credit
2 fully opinions from plaintiff's examining doctor, who opined, among other things, that
3 plaintiff "could not maintain regular attendance in the workplace or complete a normal
4 workday/workweek without interruptions due to his psychiatric condition," and would
5 "not be able to deal with the usual stress encountered in a competitive workplace" (Tr.
6 235).

7
8 Therefore, this matter should be reversed and remanded pursuant to sentence four
9 of 42 U.S.C. § 405(g) for further consideration.

10 BACKGROUND

11 Plaintiff, ROBERT JAY MAZZA, JR., was born in 1980 and was twenty seven
12 years old on his alleged date of disability onset of October 1, 2008 (*see* Tr. 102). Plaintiff
13 has a history of abuse as a child, including sexual abuse by an uncle from the age of three
14 until the age of nine (*see* Tr. 200, 231). At the age of nine, plaintiff began using
15 marijuana (*see* Tr. 233). Plaintiff testified that he uses "about an eighth a day," which he
16 translated to "eight to ten cigarettes" (*see* Tr. 29).

17 Plaintiff left school in the ninth grade (*see* Tr. 31). When asked why he left school
18 at such an early age, he replied: "Issues: I couldn't concentrate. I couldn't maintain social
19 behavior; parents really didn't care for me so I felt I was having a lot of issues so I
20 dropped. I didn't go back to school. From there I tried Job Corp" (Tr. 31). Regarding his
21 work at Job Corp, plaintiff testified that he "made it approximately six months and I was
22 medically terminated, discharged from Job Corp" (*see* Tr. 33). The medical issues he was
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1 experiencing included “sleep deprivation and I want to say that it was more so behavioral
2 outbreaks, outbursts” (*see id.*). He was sixteen at that time (*see* Tr. 34).

3 Plaintiff has an extensive work history, although it does not appear that he has
4 maintained employment at any particular job for a long period of time (*see* Tr. 113-123).
5 In fact, the record reflects that plaintiff worked for thirty-nine different employers in the
6 ten years between 1999 and 2008 (*see id.*). When asked why he stopped working at his
7 last job, plaintiff testified that he “couldn’t see eye to eye with other workers. And, my
8 employer felt like I was becoming a liability because I would have random outbursts and
9 I wasn’t able to control myself” (*see* Tr. 30). He testified that the longest job he had held
10 was for about a year, or a year and a half (*id.*).
11

12 At his administrative hearing, the ALJ asked plaintiff what was going on with all
13 of the jobs that he had over the years (*see* Tr. 35). Plaintiff responded as follows:

14 Well some jobs were not even a 12 hour period I would be on the job
15 and there would be a conflict. I would have an outburst or I couldn’t
16 handle what they were telling me to do, and, I would have an outburst
17 and snap and it would cause my employment right then and there (sic).
18 There have been physical altercations that I’ve had with employers
19 where I have struck a few employers because they said the wrong thing
20 or showed actions that would trigger and I couldn’t control it and I felt
21 bad afterwards but you know you hit a boss and there goes your
22 paycheck [LAUGH].

23 (Tr. 35).
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25 The ALJ also asked plaintiff if he ever had the opportunity to work independently,
26 where he didn’t have to interact with as many other employees or supervisors (*see* Tr. 35-
27 36). Apparently, those situations likewise did not work out well for plaintiff, according to
28 his testimony:

1 I get to working and stuff and just thoughts would start running through
2 my head, talking about well you know [SIGH] what if your wife is off
3 doing something with somebody else, and I would start getting angry
4 and raging inside and I would have to release and it would cause me to
5 punch holes in walls or throw company equipment around. It would
6 scare a lot of people on the job site because they're hearing this one guy
just break and stuff and my supervisor would come over and sometimes
it was bad enough that they would have to send me off the job site for
the rest of the day and tell me come back tomorrow so I could be in a
better mood.

7 (Tr. 36).

8 Although this particular employer appeared relatively accommodative to
9 plaintiff's moods, he nevertheless only lasted at that job for about a year and a half (*see*
10 Tr. 37). When asked by the ALJ what happened at the end of this particular job, plaintiff
11 explained as follows:

12 At the very end, they decided that they wanted to try to put me in a
13 different position working with a crew of guys and I want to say one of
14 the last days that I worked there, one of the guys had made a reference to
15 me being gay, or pardon the word "faggot," and I snapped and I grabbed
16 the guy by his throat, and I put him into a wall. Then from there, I don't
really remember, but when I came to, my supervisor and the owner of
the company were basically telling me I need to get off the property
before they call the cops.

17 (Tr. 37). Plaintiff testified that he never had been arrested for, or tried or convicted of,
18 anything (*see id.*).

19 PROCEDURAL HISTORY

20 Plaintiff protectively filed applications for a period of disability and disability
21 benefits ("DIB") pursuant to Title II and for supplement security income ("SSI") pursuant
22 to Title XVI of the Social Security Act on December 31, 2008 (*see* Tr. 102-10). His
23 applications were denied initially on April 3, 2009 and following reconsideration on
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1 August 3, 2009 (see Tr. 45-48, 51-55). His requested hearing was held before
2 Administrative Law Judge Verrell Dethloff (“the ALJ”) on September 21, 2010 (see Tr.
3 26-40).

4 On November 2, 1010, the ALJ issued a written decision in which he found that
5 although plaintiff had the medically determinable impairments of bipolar disorder NOS;
6 post-traumatic stress disorder (“PTSD”); marijuana dependence; and history of
7 polysubstance abuse, that plaintiff did not have a combination of impairments that had
8 significantly limited his ability to perform basic work related activities for twelve
9 consecutive months (Tr. 13; see also Tr. 8-25). The ALJ therefore found that plaintiff did
10 not have a severe impairment or combination of impairments; and that plaintiff was not
11 disabled pursuant to the Social Security Act (Tr. 13-14, 19-20).

13 On February 13, 2012, the Appeals Council denied plaintiff’s request for review,
14 making the written decision by the ALJ the final agency decision subject to judicial
15 review (Tr. 1-6). See 20 C.F.R. § 404.981. On April 3, 2012, plaintiff filed a complaint in
16 this Court, seeking judicial review of the ALJ’s written decision (see ECF No. 1). On
17 June 6, 2012, defendant filed the sealed administrative transcript (“Tr.”) regarding this
18 matter (see ECF Nos. 8, 9).

19 In his Opening Brief, plaintiff raises the single issue of whether or not the ALJ
20 erred in finding that plaintiff did not suffer from any severe mental health impairments at
21 step two of the sequential disability evaluation process (see Opening Brief, ECF No. 11,
22 p. 1; Reply Brief, ECF No. 13, p. 1).

STANDARD OF REVIEW

Plaintiff bears the burden of proving disability within the meaning of the Social Security Act (hereinafter “the Act”); although the burden shifts to the Commissioner on the fifth and final step of the sequential disability evaluation process. *Meanel v. Apfel*, 172 F.3d 1111, 1113 (9th Cir. 1999); *see also Johnson v. Shalala*, 60 F.3d 1428, 1432 (9th Cir. 1995); *Bowen v. Yuckert*, 482 U.S. 137, 140, 146 n. 5 (1987). The Act defines disability as the “inability to engage in any substantial gainful activity” due to a physical or mental impairment “which can be expected to result in death or which has lasted, or can be expected to last for a continuous period of not less than twelve months.” 42 U.S.C. §§ 423(d)(1)(A), 1382c(a)(3)(A). Plaintiff is disabled under the Act only if plaintiff’s impairments are of such severity that plaintiff is unable to do previous work, and cannot, considering the plaintiff’s age, education, and work experience, engage in any other substantial gainful activity existing in the national economy. 42 U.S.C. §§ 423(d)(2)(A), 1382c(a)(3)(B); *see also Tackett v. Apfel*, 180 F.3d 1094, 1098-99 (9th Cir. 1999).

Pursuant to 42 U.S.C. § 405(g), this Court may set aside the Commissioner’s denial of social security benefits if the ALJ’s findings are based on legal error or not supported by substantial evidence in the record as a whole. *Bayliss v. Barnhart*, 427 F.3d 1211, 1214 n.1 (9th Cir. 2005) (*citing Tidwell v. Apfel*, 161 F.3d 599, 601 (9th Cir. 1999)). “Substantial evidence” is more than a scintilla, less than a preponderance, and is such ““relevant evidence as a reasonable mind might accept as adequate to support a conclusion.”” *Magallanes v. Bowen*, 881 F.2d 747, 750 (9th Cir. 1989) (*quoting Davis v.*

1 *Heckler*, 868 F.2d 323, 325-26 (9th Cir. 1989)); *see also Richardson v. Perales*, 402 U.S.
 2 389, 401 (1971). Regarding the question of whether or not substantial evidence supports
 3 the findings by the ALJ, the Court should “review the administrative record as a whole,
 4 weighing both the evidence that supports and that which detracts from the ALJ’s
 5 conclusion.” *Sandgathe v. Chater*, 108 F.3d 978, 980 (1996) (per curiam) (*quoting*
 6 *Andrews, supra*, 53 F.3d at 1039). In addition, the Court “must independently determine
 7 whether the Commissioner’s decision is (1) free of legal error and (2) is supported by
 8 substantial evidence.” *See Bruce v. Astrue*, 557 F.3d 1113, 1115 (9th Cir. 2006) (*citing*
 9 *Moore v. Comm’r of the Soc. Sec. Admin.*, 278 F.3d 920, 924 (9th Cir. 2002)); *Smolen v.*
 10 *Chater*, 80 F.3d 1273, 1279 (9th Cir. 1996).

12 According to the Ninth Circuit, “[l]ong-standing principles of administrative law
 13 require us to review the ALJ’s decision based on the reasoning and actual findings
 14 offered by the ALJ - - not *post hoc* rationalizations that attempt to intuit what the
 15 adjudicator may have been thinking.” *Bray v. Comm’r of SSA*, 554 F.3d 1219, 1226-27
 16 (9th Cir. 2009) (*citing SEC v. Chenery Corp.*, 332 U.S. 194, 196 (1947) (other citation
 17 omitted)); *see also Molina v. Astrue*, 674 F.3d 1104, 1121, 2012 U.S. App. LEXIS 6570
 18 at *42 (9th Cir. 2012); *Stout v. Commissioner of Soc. Sec.*, 454 F.3d 1050, 1054 (9th Cir.
 19 2006) (“we cannot affirm the decision of an agency on a ground that the agency did not
 20 invoke in making its decision”) (citations omitted). In the context of social security
 21 appeals, legal errors committed by the ALJ may be considered harmless where the error
 22 is irrelevant to the ultimate disability conclusion when considering the record as a whole.
 23 *Molina, supra*, 674 F.3d 1104, 2012 U.S. App. LEXIS 6570 at *24-*26, *32-*36, *45-

*46; *see also* 28 U.S.C. § 2111; *Shinsheki v. Sanders*, 556 U.S. 396, 407 (2009); *Stout*, *supra*, 454 F.3d at 1054-55.

DISCUSSION

1. The ALJ erred in finding that plaintiff did not suffer from any severe mental health impairments at step two of the sequential disability evaluation process.

The Commissioner has established a five-step sequential evaluation process to determine whether or not an individual is disabled as defined pursuant to the Social Security Act. 20 C.F.R. §§ 416.920, 404.1520. The United States Supreme Court recognized the validity of this analysis in *Bowen v. Yuckert*, 482 U.S. 137, 140 (1987), and it remains the proper approach for analyzing whether or not a claimant is disabled.

If the claimant is not engaged in substantial gainful activity, the Commissioner considers whether or not the claimant has a “severe impairment” that significantly limits physical or mental ability to do basic work activities. *See Smolen v. Chater*, 80 F.3d 1273, 1290 (9th Cir. 1996) (citation omitted); 20 C.F.R. §§ 404.1520(a)(4)(ii), 416.920(a)(4)(ii) (1996). The Administrative Law Judge “must consider the combined effect of all of the claimant’s impairments on h[is] ability to function, without regard to whether each alone was sufficiently severe.” *Smolen, supra*, 80 F.3d at 1290 (citations omitted).

An impairment is “not severe” if it does not “significantly limit” the ability to conduct basic work activities. 20 C.F.R. §§ 404.1521(a), 416.921(a). Basic work activities are “abilities and aptitudes necessary to do most jobs,” including, for example,

1 “walking, standing, sitting, lifting, pushing, pulling, reaching, carrying or handling;
2 capacities for seeing, hearing and speaking; understanding, carrying out, and
3 remembering simple instructions; use of judgment; responding appropriately to
4 supervision, co-workers and usual work situations; and dealing with changes in a routine
5 work setting.” 20 C.F.R. § 404.1521(b). “An impairment or combination of impairments
6 can be found ‘not severe’ only if the evidence establishes a slight abnormality that has
7 ‘no more than a minimal effect on an individual[’]s ability to work.’” *Smolen, supra*, 80
8 F.3d at 1290 (*quoting Yuckert v. Bowen*, 841 F.2d 303, 306 (9th Cir. 1988) (*adopting*
9 Social Security Ruling “SSR” 85-28)). The step-two analysis is “a *de minimis* screening
10 device to dispose of groundless claims.” *Smolen, supra*, 80 F.3d at 1290 (*citing Bowen v.*
11 *Yuckert*, 482 U.S. 137, 153-54 (1987)).

13 According to Social Security Ruling 96-3b, “[a] determination that an individual’s
14 impairment(s) is not severe requires a careful evaluation of the medical findings that
15 describe the impairment(s) (*i.e.*, the objective medical evidence and any impairment-
16 related symptoms), and an informed judgment about the limitations and restrictions the
17 impairments(s) and related symptom(s) impose on the individual’s physical and mental
18 ability to do basic work activities.” SSR 96-3p, 1996 SSR LEXIS 10 at *4-*5 (*citing SSR*
19 *96-7p*); *see also Slayman v. Astrue*, 2009 U.S. Dist. LEXIS 125323 at *33-*34 (W.D.
20 Wa. 2009) (unpublished opinion). If a claimant’s impairments are “not severe enough to
21 limit significantly the claimant’s ability to perform most jobs, by definition the
22 impairment does not prevent the claimant from engaging in any substantial gainful
23 activity.” *Bowen, supra*, 482 U.S. at 146.

1 Plaintiff bears the burden to establish by a preponderance of the evidence the
2 existence of a severe impairment that prevented performance of substantial gainful
3 activity and that this impairment lasted for at least twelve continuous months. 20 C.F.R.
4 §§ 404.1505(a), 404.1512, 416.905, 416.1453(a), 416.912(a); *Bowen, supra*, 482 U.S. at
5 146; *see also Tidwell v. Apfel*, 161 F.3d 599, 601 (9th Cir. 1998) (*citing Roberts v.*
6 *Shalala*, 66 F.3d 179, 182 (9th Cir. 1995)). It is the claimant's burden to "furnish[] such
7 medical and other evidence of the existence thereof as the Secretary may require."
8 *Bowen, supra*, 482 U.S. at 146 (*quoting* 42 U.S.C. § 423(d)(5)(A)) (*citing Mathews v.*
9 *Eldridge*, 424 U.S. 319, 336 (1976)); *see also McCullen v. Apfel*, 2000 U.S. Dist. LEXIS
10 19994 at *21 (E.D. Penn. 2000) (*citing* 42 U.S.C. § 405(g); 20 C.F.R. §§ 404.1505,
11 404.1520).

13 Here, as noted previously, the ALJ found that although plaintiff had the medically
14 determinable impairments of bipolar disorder NOS; PTSD; marijuana dependence; and
15 history of polysubstance abuse, that plaintiff did not have a combination of impairments
16 that had significantly limited his ability to perform basic work related activities for
17 twelve consecutive months; and therefore did not have a severe impairment or
18 combination of impairments (*see* Tr. 13-14, 19-20).

19 Plaintiff first complains about the ALJ's lack of discussion regarding plaintiff's
20 work history (*see* Opening Brief, ECF No. 11, p. 5 ("the ALJ completely ignores
21 plaintiff's work history")). When the sequential disability evaluation does not progress
22 beyond step two, as is the case here, a claimant's work history may not always be
23 significant evidence. However, in this matter here, where, as discussed already by the
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1 Court, plaintiff had almost forty jobs in about ten years, the work history supports
2 plaintiff's allegations about difficulties getting along with co-workers and supervisors;
3 and supports his allegations regarding limitations with respect to his ability to respond
4 appropriately to and tolerate the normal pressures of a normal work environment, *see*
5 *supra*, BACKGROUND.

6 In light of record as a whole, including Social Security records demonstrating
7 almost forty jobs in ten years, and including plaintiff's testimony regarding striking his
8 employers and grabbing a co-worker by the throat and tossing him into a wall, the Court
9 concludes that plaintiff's work history was significant, probative evidence that the ALJ
10 erred by failing to discuss and incorporate any analysis regarding this evidence into his
11 written decision. *See Vincent on Behalf of Vincent v. Heckler*, 739 F.2d 1393, 1394-95
12 (9th Cir. 1984) (per curiam) (The ALJ must explain why "significant probative evidence
13 has been rejected") (*quoting Cotter v. Harris*, 642 F.2d 700, 706-07 (3d Cir. 1981)).

14 Without a specific rejection of the work history as alleged by plaintiff, (which might
15 require contacting plaintiff's former employers), the ALJ's implicit finding, by explicitly
16 finding no severe impairments, that the evidence established that plaintiff's mental
17 impairments comprised only "a slight abnormality that ha[d] 'no more than a minimal
18 effect on [plaintiff's] ability to work,'" is not based on substantial evidence in the record
19 as a whole. *See Smolen, supra*, 80 F.3d at 1290 (*quoting Yuckert, supra*, 841 F.2d at 306
20 (adopting SSR 85-28)).

21 The Court also concludes that this error was harmful, as it provided the basis for
22 the ALJ's conclusion ultimately that plaintiff was not disabled. This error alone is
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1 sufficient to require reversal of this matter. However, this was not the only error
 2 committed by the ALJ in this matter currently before the Court.

3 **2. The ALJ erred in his step two determination when he failed to credit**
 4 **fully opinions from examining doctor, Dr. Elia Gonzalez, M.D.**

5 The ALJ must provide “clear and convincing” reasons for rejecting the
 6 uncontradicted opinion of either a treating or examining physician or psychologist.
 7 *Lester v. Chater*, 81 F.3d 821, 830 (9th Cir. 1996) (citing *Baxter v. Sullivan*, 923 F.2d
 8 1391, 1396 (9th Cir. 1991); *Pitzer v. Sullivan*, 908 F.2d 502, 506 (9th Cir. 1990)). Even if
 9 an examining physician’s opinion is contradicted, that opinion “can only be rejected for
 10 specific and legitimate reasons that are supported by substantial evidence in the record.”
 11 *Lester, supra*, 81 F.3d at 830-31 (citing *Andrews v. Shalala*, 53 F.3d 1035, 1043 (9th Cir.
 12 1995)). The ALJ can accomplish this by “setting out a detailed and thorough summary of
 13 the facts and conflicting clinical evidence, stating his interpretation thereof, and making
 14 findings.” *Reddick, supra*, 157 F.3d at 725 (citing *Magallanes v. Bowen*, 881 F.2d 747,
 15 751 (9th Cir. 1989)). However, the ALJ must explain why his own interpretations, rather
 16 than those of the doctor, are correct. *Reddick, supra*, 157 F.3d at 725 (citing *Embrey v.*
 17 *Bowen*, 849 F.2d 418, 421-22 (9th Cir. 1988)).

18
 19 On March 21, 2009, Dr. Elia Gonzalez, M.D. examined plaintiff and reviewed his
 20 medical records from Allenmore Psychological Associates in 2008 (*see* Tr. 231; *see also*
 21 Tr. 231-35). She conducted a clinical interview, including discussing plaintiff’s child
 22 abuse and his work history (*see* Tr. 231-33). Dr. Gonzalez noted plaintiff’s self report
 23 that he did not use alcohol, but that he reported “that he uses marijuana on a daily basis
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1 and he smoked 1/8 per day” (*see* Tr. 233). The record suggests that Dr. Gonzalez asked
2 plaintiff more about his marijuana use, as Dr. Gonzalez included the following in her
3 treatment record: “he feels that he needs to use marijuana in order to slow his thoughts
4 down and also to calm himself down. He has been using marijuana since the age of 9.
5 This information is corroborated by his wife” (*id.*).

6 Demonstrating a reliance on her own objective observations, Dr. Gonzalez noted
7 that plaintiff “presented with mild concentration difficulties during my exam” (*id.*). She
8 also observed that plaintiff presented with a constricted affect and that he explained the
9 proverb “don’t cry over spilled milk,” as “no use in crying over something you have no
10 control over” (*see* Tr. 234). When asked what he would do if he were to see a fire in a
11 crowded movie theater, he responded: “yell fire and get out” (*see* Tr. 235). Dr. Gonzalez
12 diagnosed plaintiff with bipolar disorder NOS [not otherwise specified] and PTSD
13 chronic; and assigned a global assessment of functioning (“GAF”) of 55 (*id.*).

14 The ALJ gave the opinion of Dr. Gonzalez “little weight” and included the
15 following discussion in his written decision:
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17 Consulting psychiatrist Elia Gonzalez MD examined the claimant in
18 March of 2009, and gave the following assessment (internal citation to
19 4F5):

20 The claimant should have the ability to perform simple and
21 repetitive tasks as well as detailed and complex tasks. The
22 claimant should have difficulty accepting instruction from
23 supervisors and interacting with coworkers and the public
24 given his history of emotional dysregulation and history of
being fired from multiple jobs because of this. I believe that
the claimant could not maintain regular attendance in the
workplace or complete a normal workday/workweek without
interruptions due to his psychiatric condition. The claimant

1 will not be able to deal with the usual stress encountered in a
2 competitive workplace. He has decompensated over the past
year and his mood instability has led to poor coping skills.

3 Dr. Gonzalez's opinion is not supported by her clinical findings, which
4 include a relatively normal mental status exam, with the claimant
5 presenting as cooperative, with good eye contact and adequate attitude
6 and behavior. It appears that she based her opinion largely on the
claimant's self-report. Her opinion also is inconsistent with claimant's
7 daily activities, and with the evidence of relative good symptom control
with relatively little mental health treatment. Finally, Dr. Gonzalez did
8 not adequately consider the claimant's marijuana dependence. For these
reasons, the undersigned gives her opinion little weight. Moreover, the
9 main underlying component of the claimant's past work issues, and his
current lack of involvement in the world of work, appears to be
motivational.

10 (Tr. 18 (footnote omitted)).

11 The Court first notes that the ALJ cited no support for his finding that plaintiff's
12 "current lack of involvement in the world of work appears to be motivational," and that
13 "the main underlying component of the claimant's past work issues" likewise was
14 motivational (*id.*). The Court concludes that it is not based on substantial evidence in the
15 record as a whole (*see id.*). Because of a lack of citation to an acceptable medical source,
16 it appears that this finding is based on the ALJ's own interpretation of plaintiff's mental
17 impairments and limitations. The Court finds relevant the following discussion from the
18 Seventh Circuit:
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20 [J]udges, including administrative law judges of the Social Security
21 Administration, must be careful not to succumb to the temptation to play
22 doctor. The medical expertise of the Social Security Administration is
23 reflected in regulations; it is not the birthright of the lawyers who apply
them. Common sense can mislead; lay intuitions about medical
phenomena are often wrong.

24 *Schmidt v. Sullivan*, 914 F.2d 117, 118 (7th Cir. 1990) (internal citations omitted)).

1 The Court also finds troublesome the ALJ's potential misunderstanding of the
 2 mental status examination ("MSE"), suggested by the fact that the ALJ found that Dr.
 3 Gonzalez's opinions were not supported by clinical findings, when they were supported
 4 by her clinical interview, observations, and MSE (*see id.*). The Court notes that
 5 "experienced clinicians attend to detail and subtlety in behavior, such as the affect
 6 accompanying thought or ideas, the significance of gesture or mannerism, and the
 7 unspoken message of conversation. The Mental Status Examination allows the
 8 organization, completion and communication of these observations." Paula T. Trzepacz
 9 and Robert W. Baker, *The Psychiatric Mental Status Examination 3* (Oxford University
 10 Press 1993). "Like the physical examination, the Mental Status Examination is termed the
 11 *objective* portion of the patient evaluation." *Id.* at 4 (emphasis in original).
 12

13 The MSE generally is conducted by medical professionals skilled and experienced
 14 in psychology and mental health. Although "anyone can have a conversation with a
 15 patient, [] appropriate knowledge, vocabulary and skills can elevate the clinician's
 16 'conversation' to a 'mental status examination.'" Trzepacz, *supra*, *The Psychiatric*
 17 *Mental Status Examination 3*. A mental health professional is trained to observe patients
 18 for signs of their mental health not rendered obvious by the patient's subjective reports,
 19 in part because the patient's self-reported history is "biased by their understanding,
 20 experiences, intellect and personality" (*id.* at 4), and, in part, because it is not uncommon
 21 for a person suffering from a mental illness to be unaware that her "condition reflects a
 22 potentially serious mental illness." *Van Nguyen v. Chater*, 100 F.3d 1462, 1465 (9th Cir.
 23 1996).
 24

1 In addition, when an ALJ seeks to discredit a medical opinion, he must explain
 2 why his own interpretations, rather than those of the doctors, are correct. *Reddick, supra*,
 3 157 F.3d at 725; *see also Blankenship v. Bowen*, 874 F.2d 1116, 1121 (6th Cir. 1989)
 4 (“When mental illness is the basis of a disability claim, clinical and laboratory data may
 5 consist of the diagnosis and observations of professional trained in the field of
 6 psychopathology. The report of a psychiatrist should not be rejected simply because of
 7 the relative imprecision of the psychiatric methodology or the absence of substantial
 8 documentation”) (*quoting Poulin v. Bowen*, 817 F.2d 865, 873-74 (D.C. Cir. 1987));
 9 *Smith v. Astrue*, 2012 U.S. Dist. LEXIS 61640 at *11 (W.D. Wash. 2012) (unpublished
 10 opinion) (*quoting Schmidt, supra*, 914 F.2d at 118). Here, the ALJ failed to explain why
 11 his findings were more correct than those of Dr. Gonzalez.
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13 The opinions of Dr. Gonzalez not only were supported by her MSE and clinical
 14 interview, but also, they were supported by plaintiff’s work history. The Court already
 15 has found that the ALJ committed legal error by failing to mention plaintiff’s many,
 16 many employers; and by failing to reject explicitly plaintiff’s testimony regarding the
 17 difficulties he has encountered while working, *see supra*, section 1. The ALJ found that
 18 Dr. Gonzalez’s opinions appeared to have been based “largely on the claimant’s self-
 19 report” (*see Tr. 18*), when Dr. Gonzalez, in fact, relied in part on very significant
 20 evidence that the ALJ failed to discuss (*see Tr. 235*)¹. Dr. Gonzalez indicated explicitly
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 23 ¹ The Court also notes an absence of discussion by the ALJ of supporting documentation for
 24 plaintiff’s allegations from plaintiff’s high school years in the form of disciplinary incidents (*see Tr. 183-88* (multiple emergency expulsions and multiple suspensions for defiance of authority/insubordination; assault; disruptive behavior)).

1 her reliance on plaintiff's "history of being fired from multiple jobs" due to emotional
2 dysregulation (*id.*).

3 Finally, the ALJ erred when he found that "Dr. Gonzalez did not adequately
4 consider the claimant's marijuana dependence" (*see* Tr. 18). The Court already has noted
5 Dr. Gonzalez's discussion with plaintiff regarding his marijuana use since age nine; the
6 reasons for such use, which the ALJ fails to mention; as well as the corroboration of the
7 marijuana use by plaintiff's wife, *see supra* (*see also* Tr. 233). Dr. Gonzalez considered
8 plaintiff's marijuana dependence adequately, she simply came to a different conclusion
9 regarding the meaning underlying such use or dependence than did the ALJ. But again,
10 the ALJ did not explain adequately why his interpretation is more correct than that of the
11 trained medical provider who conducted a clinical examination of plaintiff. *See Reddick*,
12 *supra*, 157 F.3d at 725.

14 For the reasons discussed and based on the record as a whole, the Court concludes
15 that the ALJ failed to evaluate properly the medical opinion of Dr. Gonzalez. The Court
16 also concludes that this error is harmful.

17 Therefore, the ALJ's evaluation of the medical evidence provides an additional
18 reason as to why this matter should be reversed and remanded for further consideration.

19 **3. Plaintiff's credibility and testimony should be evaluated anew**
20 **following remand of this matter.**

21 The ALJ failed to credit fully plaintiff's allegations and credibility (*see* Tr. 14-17).
22 An evaluation of credibility relies in part on the medical evidence, *see* 20 C.F.R. §
23 404.1529(c), and the Court already has concluded that this matter must be reversed and
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1 remanded; and that the medical evidence must be evaluated anew, *see supra*, sections 1
2 and 2. Therefore plaintiff's testimony and credibility must be evaluated anew following
3 remand of this matter.

4 However, the Court also notes that the ALJ relied in part on plaintiff's activities of
5 daily living when failing to credit fully plaintiff's testimony and credibility (*see* Tr. 17).

6 The ALJ included the following discussion on plaintiff's activities of daily living:

7 Finally, the claimant has described daily activities that are inconsistent
8 with a finding that his impairments cause more than minimal functional
9 limitations. He reports that he watches TV, plays video games, and uses
10 the computer for 2 hours per day (internal citation to 4F3). He reports
11 that he loves working on his computer (*id.*). He further reports that he
has no problems with personal care, does light chores, prepares simple
meals, takes his daughters to school every day, and talks to his friends on
the phone on a daily basis.

12 (*id.*).

13 The Court notes that the ALJ summarized plaintiff's allegations and testimony in
14 the following one paragraph:

15 The claimant alleges that his ability to work is limited by PTSD and
16 bipolar disorder (internal citation to 5F). He reports that he has anger
17 outbursts and cannot handle stress (*Id.*). He reports that has difficulty
(sic) finishing tasks, and experiences irritable mood, poor sleep, and
18 decreased concentration and energy (4F). He endorses frequent
nightmares (*Id.*). He also reports a long history of being fired from jobs
19 for difficulty getting along with others (*Id.*). At hearing (sic) the claimant
20 testified that he stays in his house most of the time and does not like to
interact with his neighbors.

21 (Tr. 15).

22 Regarding activities of daily living, the Ninth Circuit repeatedly has "asserted that
23 the mere fact that a plaintiff has carried on certain daily activities does not in any
24

1 way detract from h[is] credibility as to h[is] overall disability.” *Orn v. Astrue*, 495 F.3d
2 625, 639 (9th Cir. 2007) (*quoting Vertigan v. Halter*, 260 F.3d 1044, 1050 (9th Cir.
3 2001)). The Ninth Circuit specified “the two grounds for using daily activities to form the
4 basis of an adverse credibility determination: (1) whether or not they contradict the
5 claimant’s other testimony and (2) whether or not the activities of daily living meet “the
6 threshold for transferable work skills.” *Orn, supra*, 495 F.3d at 639 (*citing Fair, supra*,
7 885 F.2d at 603). As stated by the Ninth Circuit, the ALJ “must make ‘specific findings
8 relating to the daily activities’ and their transferability to conclude that a claimant’s daily
9 activities warrant an adverse credibility determination. *Orn, supra*, 495 F.3d at 639
10 (*quoting Burch v. Barnhart*, 400 F.3d 676, 681 (9th Cir. 2005)).

12 Here, the ALJ failed to make any specific findings regarding whether or not
13 plaintiff’s watching TV, playing video games, doing light chores, preparing simple
14 meals, taking his daughters to school, and talking on the phone with friends met “the
15 threshold for transferable work skills” and failed to identify any testimony or allegation
16 by plaintiff that was contradicted by these activities. *See Orn, supra*, 495 F.3d at 639
17 (*citing Fair, supra*, 885 F.2d at 603). This was legal error. *See id.*

18 The Court also notes that the ALJ relied on his finding that “the record reflects no
19 evidence of mental health treatment” when assessing plaintiff’s credibility (*see* Tr. 17).
20 However, the ALJ failed to mention or discuss the fact that when asked why he had not
21 had treatment in a while, plaintiff testified that he could not afford it: “Can’t afford it-I
22 haven’t been able to work” (*see* Tr. 29; *see also* Tr. 33). The ALJ failed to discuss how
23 plaintiff’s inability to afford health care might provide an adequate explanation as to why
24

1 he had not received mental health treatment. However, according to Social Security
2 Ruling, (“SSR”), SSR 96-7, “the adjudicator must not draw any inferences about an
3 individual’s symptoms and their functional effects from a failure to seek or pursue
4 regular medical treatment without first considering any explanations that the individual
5 may provide, or other information in the case record, that may explain infrequent or
6 irregular medical visits or failure to seek medical treatment.” SSR 96-7, 1996 SSR
7 LEXIS 4, at *21-*22; *see also Regennitter v. Comm’r SSA*, 166 F.3d 1294, 1296 (9th
8 Cir. 1999) (“Although we have held that ‘an unexplained, or inadequately explained
9 failure to seek treatment can cast doubt on the sincerity of a claimant’s pain testimony,’
10 we have proscribed the rejection of a claimant’s complaint for lack of treatment when the
11 record establishes that the claimant could not afford it”) (citations, ellipses and brackets
12 omitted). Although “Social Security Rulings do not have the force of law, [n]evertheless,
13 they constitute Social Security Administration interpretations of the statute it administers
14 and of its own regulations.” *See Quang Van Han v. Bowen*, 882 F.2d 1453, 1457 (9th Cir.
15 1989) (*citing Paxton v. Sec. HHS*, 865 F.2d 1352, 1356 (9th Cir. 1988)) (internal citation
16 and footnote omitted). As stated by the Ninth Circuit, “we defer to Social Security
17 Rulings unless they are plainly erroneous or inconsistent with the [Social Security] Act or
18 regulations.” *Id.* (*citing Chevron USA, Inc. v. NRDC, Inc.*, 467 U.S. 837, 842-45 (1984);
19 *Paxton, supra*, 865 F.2d at 1356).

21
22 Finally, when relying on clinical findings for his determination regarding
23 plaintiff’s credibility, the ALJ also appeared to rely on a finding that “Consulting
24 psychiatrist Elia Gonzales MD noted only mild concentration difficulties with adequate

1 persistence and pace” (*see* Tr. 16). A review of this Court’s discussion of the ALJ’s
 2 review of the opinion of Dr. Gonzales, including her indication that plaintiff “could not
 3 maintain regular attendance in the workplace or complete a normal workday/workweek
 4 without interruptions due to his psychiatric condition,” and would “not be able to deal
 5 with the usual stress encountered in a competitive workplace” (*see* Tr. 235) demonstrates
 6 the lack of substantial evidence in the record for the ALJ’s summary of Dr. Gonzales’
 7 opinion as stated in the context of plaintiff’s credibility, *see supra*, section 2.

8 CONCLUSION

9
 10 Based on the stated reasons and the relevant record, the undersigned recommends
 11 that this matter be **REVERSED** and **REMANDED** pursuant to sentence four of 42
 12 U.S.C. § 405(g) to the Commissioner for further consideration. **JUDGMENT** should be
 13 for **PLAINTIFF** and the case should be closed.

14 Pursuant to 28 U.S.C. § 636(b)(1) and Fed. R. Civ. P. 72(b), the parties shall have
 15 fourteen (14) days from service of this Report to file written objections. *See also* Fed. R.
 16 Civ. P. 6. Failure to file objections will result in a waiver of those objections for
 17 purposes of de novo review by the district judge. *See* 28 U.S.C. § 636(b)(1)(C).
 18 Accommodating the time limit imposed by Rule 72(b), the clerk is directed to set the
 19 matter for consideration on February 22, 2013, as noted in the caption.

20 Dated this 1st day of February, 2013.

21
 22 

23 J. Richard Creatura
 24 United States Magistrate Judge